

MEMORANDUM

TO: Vermont Adult Performance Indicator Project Advisory Group

FROM: John Pandiani
Lisa Gauvin

DATE: September 11, 1997

RE: CRT Practice Patterns

This week's performance indicator report is the second in a series that focuses on variation in outpatient behavioral health care practice patterns among Vermont's community mental health programs.

We have also enclosed a response to questions from Tom Powell regarding last week's performance indicator.

We look forward to your questions and your comments on the quality of the data, the appropriateness of the analysis, and the effectiveness of the presentation of these data, as well as your interpretation of the results.

CRT Practice Patterns Part II

Question: Do practice patterns vary among CRT programs in Vermont? More specifically, do clients of different CRT programs receive similar or different combinations of services?

Data: QSR data files, submitted to DDMHS by community service providers include a comprehensive accounting of services provided to clients. The information reported here describes services provided during FY1996 to people assigned to CRT programs.

Analysis: Four broad service categories were identified for this analysis. These service categories include case management, individual and group therapy, chemotherapy, and day or vocational services. A total of 15 logically possible combinations of these four types of service were identified and the number of people who received each of these combinations of service at each CRT program were determined. The attached tables and graphs focus on the 8 service combinations that describe the services received by at least 5% of all CRT clients statewide.

Results: Statewide, the most common CRT practice pattern included the combination of case management, chemotherapy, and individual and/or group therapy, with no day or vocational services. One fourth (25%) of all CRT clients received this combination of services. The second most common practice pattern included the combination of case management and chemotherapy with no individual or group therapy, and no day or vocational services. More than one fifth (21%) of all CRT clients received this combination of services. Case management services only was the third most common service package. This practice pattern describes services to 12% of the CRT clients.

The combination of all four types of service was provided to 7% of all CRT clients statewide, but there was a great deal of variation in practice patterns among CRT programs. The proportion of CRT clients who received this full service array varied from 2% at Howard and 4% at Northeast to 18% at United Counseling and 22% at Addison.

There was also substantial difference in the proportion of clients who were served under the other practice patterns. The proportion of CRT clients who received only case management services during FY 1996, for instance, varied from 2% at Franklin and 3% at United Counseling to 24% at Howard and 25% at Lamoille.

Next Questions: Do practice patterns for people in specific diagnostic categories vary among CRT programs? Does the use of intensive emergency care vary among CRT and Adult Outpatient programs? Does the rate of hospitalization of people served vary among CRT programs in Vermont?

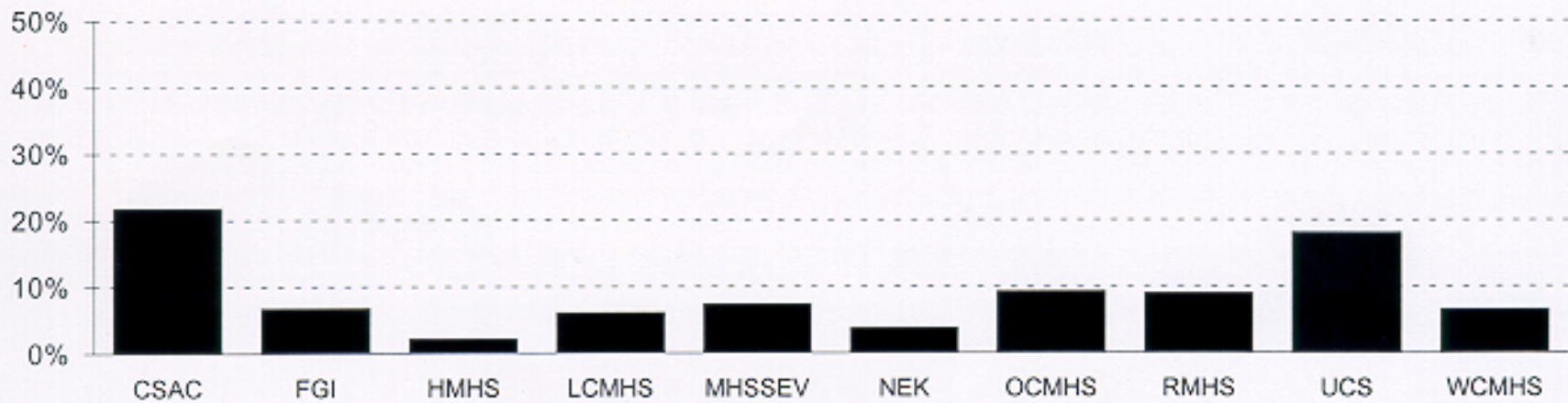
CRT Clients Receiving Specified Combinations of Services During FY1996 (Case MAnagement, Chemotherapy, Individual Group, Day/Voc)

| Service Combination | Service Combinations Received By At Least 5% of Clients Statewide | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----|-----------|-----|----------|-----|-----------|-----|------------|-----|-------------|-----|----------|-----|------------|-----|-----------|-----|----------|-----|------------|-----|
| | Total # | % | CSAC # | % | FGI # | % | HMHS # | % | LCMHS # | % | MHSSEV # | % | NEK # | % | OCMHS # | % | RACS # | % | UCS # | % | WCMHS # | % |
| Total Receiving Specified Services | 2,921 | | 134 | | 182 | | 592 | | 118 | | 359 | | 390 | | 99 | | 273 | | 212 | | 562 | |
| All Four Services | | | | | | | | | | | | | | | | | | | | | | |
| Case Management, Chemotherapy, Individual&Group, and Day/Voc | 207 | 7% | 29 | 22% | 12 | 7% | 12 | 2% | 7 | 6% | 26 | 7% | 14 | 4% | 9 | 9% | 24 | 9% | 38 | 18% | 36 | 6% |
| Three of Four Services | | | | | | | | | | | | | | | | | | | | | | |
| Case Management, Chemotherapy, and Individual & Group Only | 733 | 25% | 50 | 37% | 37 | 20% | 93 | 16% | 14 | 12% | 152 | 42% | 102 | 26% | 33 | 33% | 95 | 35% | 21 | 10% | 136 | 24% |
| Two of Four Services | | | | | | | | | | | | | | | | | | | | | | |
| Case Management and Chemotherapy Only | 601 | 21% | 10 | 7% | 25 | 14% | 258 | 44% | 34 | 29% | 47 | 13% | 41 | 11% | 24 | 24% | 46 | 17% | 8 | 4% | 108 | 19% |
| Case Management and Individual & Group Only | 216 | 7% | 15 | 11% | 3 | 2% | 16 | 3% | 9 | 8% | 41 | 11% | 62 | 16% | 9 | 9% | 15 | 5% | 11 | 5% | 35 | 6% |
| Chemotherapy and Individual & Group Only | 229 | 8% | 5 | 4% | 66 | 36% | 6 | 1% | | 0% | 19 | 5% | 25 | 6% | 3 | 3% | 51 | 19% | 34 | 16% | 20 | 4% |
| One of Four Services | | | | | | | | | | | | | | | | | | | | | | |
| Case Management Only | 353 | 12% | 9 | 7% | 4 | 2% | 141 | 24% | 30 | 25% | 31 | 9% | 41 | 11% | 8 | 8% | 10 | 4% | 6 | 3% | 73 | 13% |
| Chemotherapy Only | 259 | 9% | 1 | 1% | 17 | 9% | 43 | 7% | 12 | 10% | 18 | 5% | 26 | 7% | 2 | 2% | 8 | 3% | 17 | 8% | 115 | 20% |
| Individual & Group Only | 151 | 5% | 4 | 3% | 11 | 6% | 6 | 1% | 1 | 1% | 13 | 4% | 64 | 16% | 1 | 1% | 14 | 5% | 19 | 9% | 18 | 3% |

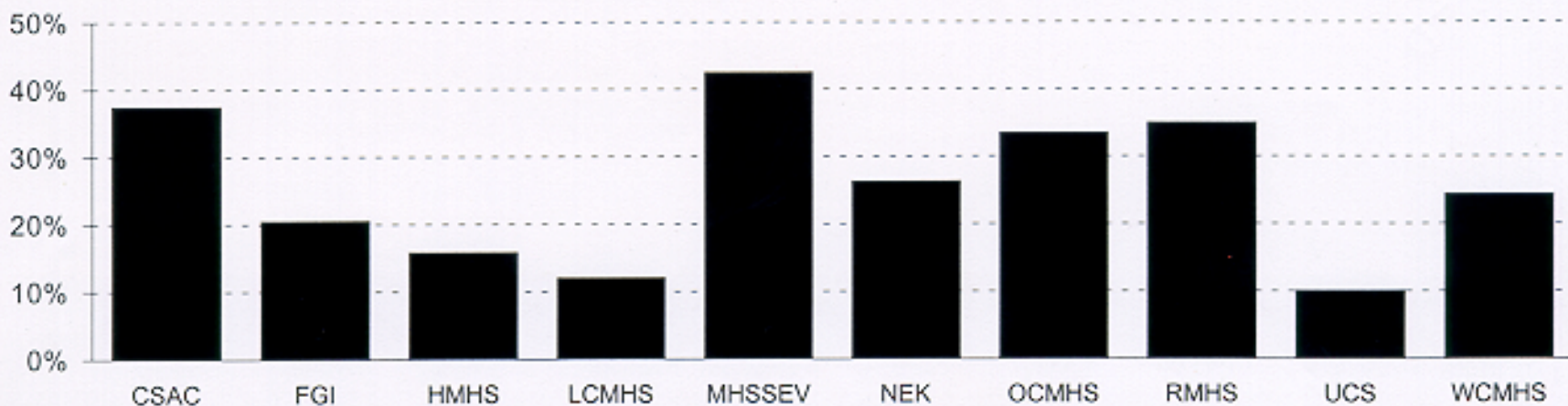
Client counts include people assigned to CRT programs and who received any combination of case management, individual & group therapy, chemotherapy, or day/voc services.

CRT Clients Receiving Specified Combinations of Services, FY1996

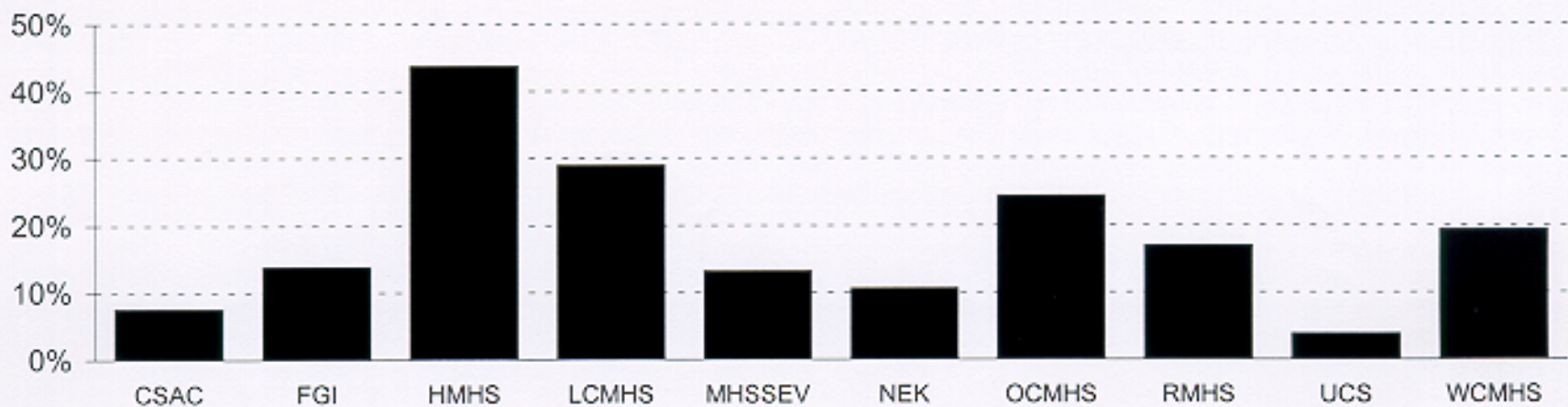
Case Management, Chemotherapy, Individual&Group, and DayVoc



Case Management, Individual&Group, and Chemotherapy Services Only



Case Management and Chemotherapy Services Only

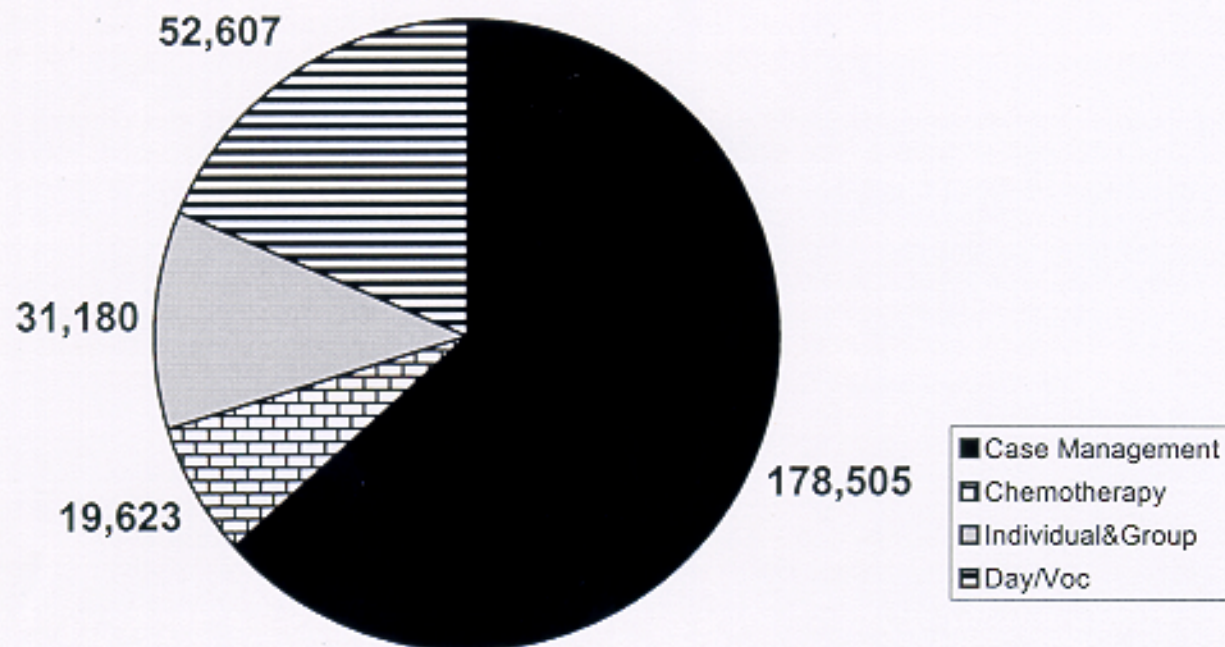


| Types of Services | Percent of CRT Clients Receiving: Case Management, Chemotherapy, Individual&Group Therapy, or Day/Voc Services Only | | | | | | | | | | | |
|---|--|------|-----|------|-------|--------|-----|-------|------|-----|-------|--|
| | Total | CSAC | FGI | HMHS | LCMHS | MHSSEV | NEK | OCMHS | RMHS | UCS | WCMHS | |
| Case Management, Chemotherapy, Individual&Group, and DayVoc | 7% | 22% | 7% | 2% | 6% | 7% | 4% | 9% | 9% | 18% | 6% | |
| Case Management, Chemotherapy, and Individual&Group Only | 25% | 37% | 20% | 16% | 12% | 42% | 26% | 33% | 35% | 10% | 24% | |
| Case Management, and Chemotherapy Only | 21% | 7% | 14% | 44% | 29% | 13% | 11% | 24% | 17% | 4% | 19% | |

Client counts includes all people assigned to CRT programs.

Question: Would it be possible to do an analysis (represented by a pie chart) of the statewide distribution of services?

Percent of Services to CRT Clients, FY1996



| Type of Service | Total Units | | Clients | |
|--------------------|-------------|---------|---------|---------|
| | Number | Percent | Number | Percent |
| Case Management | 178,505 | 63% | 2,257 | 77% |
| Chemotherapy | 19,623 | 7% | 2,123 | 73% |
| Individual & Group | 31,180 | 11% | 1,583 | 54% |
| Day/Vocational | 52,607 | 19% | 379 | 13% |
| Total | 281,915 | 100% | 2,921 | 100% |

Question: What is the definition of "case management" that you use?

Case Management includes Targeted Case Management and Specialized Rehabilitative Services.

Targeted Case Management is a service provided to assist clients to gain access to needed medical, social, educational, financial, vocational, and other services. Case management also enables appropriate staff to monitor a client's receipt and satisfaction with these services. Advocacy activities required to modify service systems or to gain access to needed services are also case management activities. Emphasis is placed on assisting clients to access services which are non-Medicaid in nature.

Specialized rehabilitative services are designed to assist individuals in restoring, retaining, or improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community based settings.